



PART 1-D DELINQUENT INSTITUTION PROGRAM ASSURANCE - LEA

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE
DISTRICT CONTACT	FORM DUE DATE July 1st
DIRECTIONS	
Mail or fax the completed form to: Federal Grants Management, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480	
Questions contact: Federal Grants Management (573) 526-5658; Fax (573) 526-6698; or e-mail to webreplyfgm@dese.mo.gov ; Visit DESE's website at dese.mo.gov	
SECTION I – NAME AND LOCATION OF DELINQUENT INSTITUTION	
NAME OF DELINQUENT INSTITUTION	NAME OF PRINCIPAL OF DELINQUENT INSTITUTION
ADDRESS OF DELINQUENT INSTITUTION	
COUNTY	TELEPHONE NUMBER
SECTION II – CONSULTATION WITH DELINQUENT INSTITUTION	
1. NAMES OF PERSONS REPRESENTING THE SCHOOLS IN SUCH CONSULTATIONS	
REPRESENTING THE PUBLIC SCHOOL	REPRESENTING THE DELINQUENT INSTITUTION
2. GIVE DATES OF MEETINGS AND CONSULTATIONS HELD FOR PURPOSES OF COLLECTING BASIC DATA AND PLANNING THE EDUCATIONAL PROGRAM DESCRIBED IN THIS DOCUMENT.	
SECTION III – PARTICIPATION OF DELINQUENT INSTITUTION AND ASSURANCES	
1. <input type="checkbox"/> THIS DELINQUENT INSTITUTION DOES WISH TO PARTICIPATE IN TITLE I ACTIVITIES.	
2. <input type="checkbox"/> THIS DELINQUENT INSTITUTION DOES NOT WISH TO PARTICIPATE IN TITLE I ACTIVITIES.	
THE UNDERSIGNED HEREBY ASSURES THE CHIEF STATE SCHOOL OFFICER AND THE LOCAL PUBLIC SCHOOL THAT:	
A. ALL THE REQUIREMENTS SET FORTH BY THE FEDERAL STATUTE AND ACCOMPANYING REGULATIONS AND RULES FOR DELINQUENT PARTICIPATION IN TITLE I ESEA WILL BE SATISFACTORILY MET.	
SIGNATURE OF PRINCIPAL OR OTHER REPRESENTATIVE OF THE DELINQUENT INSTITUTION	DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE FROM THE PUBLIC SCHOOL	DATE